

Your Rights as a Participant in the Plans

As a participant in the MBNA benefit plans covered by the Employee Retirement Income Security Act of 1974 (ERISA), you have certain rights and protections. See pages 4 and 5 for a list of the MBNA plans covered by ERISA.

Here are your rights under ERISA:

- You may examine, free of charge, all the official documents related to the plans. These may include copies of insurance contracts and all documents filed with the U.S. Department of Labor, such as the latest annual report (Form 5500 Series). You may examine copies of these documents in the Benefits department.
- You may obtain copies of the plan documents and other plan information by writing to the Plan Administrator. However, you may have to pay a reasonable charge to cover the cost of photocopying.
- You have a right to receive a summary of the plans' annual financial reports. The Plan Administrator is required by law to give participants copies of these summary annual reports.
- Once a year you may request a statement from the Benefits department telling you whether you have a right to receive a pension at normal retirement age, and if so, what your benefits would be at normal retirement age if you stop working now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to earn that right. You must request this statement in writing. It will be provided free of charge.
- You may continue health care coverage for yourself, your spouse, or your dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the summary plan description and the plan documents for the rules governing your COBRA continuation coverage rights.

- You have a right to reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan; when you become entitled to elect COBRA continuation coverage; when your COBRA continuation coverage ceases; if you request it before losing coverage; or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollment) after your enrollment date in your coverage.
- If your claim for a benefit is denied in whole or in part, you will receive a written explanation from the Plan Administrator.
- You have the right to have the Plan Administrator review and consider your claim.

Besides creating rights for plan participants, ERISA also spells out certain requirements for people who are responsible for the overall management of the plan. These people are called "fiduciaries." The fiduciaries of a plan must act solely in the interest of plan participants and their beneficiaries. They must exercise prudence and good judgment in performing their plan duties. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension or welfare benefit or exercising your rights under ERISA. Under certain circumstances, outside assistance may be necessary to resolve disputes between you and plan officials. For example:

- If you request materials from the plan in writing and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive them, unless the materials were not sent for reasons beyond the Plan Administrator's control.
- If your claim for benefits is denied in whole or in part after a final review, you may file suit in a state or federal court.

- If you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a federal court.
- If the fiduciaries misuse a plan's funds, or if you are discriminated against for pursuing benefits or exercising your ERISA rights, you may seek help from the U.S. Department of Labor or file suit in a federal court.

If you file suit against one of the plans, the court will decide who should pay court and legal fees. If you win your suit, the court may order the person you have sued to pay the costs and fees. If you lose your suit, or if the court decides your suit was frivolous, the court may order you to pay the costs and fees.

If you have any questions about your plans, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

SUBMITTING CLAIMS FOR BENEFITS

You generally have to submit a claim to receive benefits from an MBNA plan. For some benefits (such as medical and dental), claims may be submitted for you by the provider. Claim forms are available from the Benefits department. Please contact the Benefits department if you need more information about submitting claims.

There are some time limits for submitting claims, so be sure you know the time limits for submitting claims for each plan. If you delay submitting a claim, you could lose benefits.

If you submit the correct documents and the completed forms, your claim will generally be processed within 90 days after it is received. If more time is needed, you'll be notified that an additional 90-day processing period is required.

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IF YOUR CLAIM IS DENIED

If all or part of your claim is denied, your local benefits Claims Administrator will notify you in writing of the reason for the denial. The notice will also mention the plan provision on which the denial was based, and it will list any additional information that may be needed in order to change the decision. The notice will also tell you how to have the decision reviewed.

If your claim has been denied, or if you haven't heard anything within 90 days of submitting the claim, you can appeal to have your claim reviewed. You have at least 60 days to appeal from the time you're notified of a denial. You may also appeal for up to 60 days from the end of the processing period, if you've heard nothing by that time.

Besides having the right to appeal, you or your authorized representative can examine any plan documents (except legally privileged information) related to your claim. You can also submit in writing reasons why you think your claim should not be denied.

The Claims Administrator has to act within 60 days of receiving your written appeal. In some cases, the Claims Administrator may be allowed 120 days to respond. The final decision will be sent to you in writing, along with an explanation of how the decision was made.

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SERVICE OF LEGAL PROCESS

Legal process may be served on the Plan Administrator or the plan sponsor shown on page 1 of this section. Legal service may also be served on the insurance company administering claims, if applicable.

**ABOUT THE INFORMATION IN THE
BENEFITS SECTION OF THIS GUIDE**

The summary plan descriptions in the benefits section of this guide have been written in clear, non-technical language to help you understand and use your benefits. However, the summaries are based on legal plan documents and contracts. The summaries do not alter the plans. If there is a discrepancy between the information in this guide and the plan documents or contracts, the plan documents or contracts will govern. You may examine plan documents during regular business hours by contacting the Benefits department. You may obtain copies of plan documents and other plan information from the Benefits department or by writing to the Plan Administrator.

MBNA intends to continue to offer the benefit plans described in this guide. However, we reserve the right to change, amend, or terminate any or all of the plans at any time.

Also, this guide is not intended as a contract of employment. The employment agreement between you and MBNA is strictly voluntary on both parts.